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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

HOW TO BATHE YOUNG INFANTS

DEAR EDITOR: Will some of the nurses tell me through the JOURNAL the best way to bathe young infants? Is there danger of infection to the umbilical cord from placing a baby in a bowl of water? A doctor recently criticized me for doing this, preferring the long tedious job of holding it in the lap during the bath.

S. C. D., R.N.

LONG CASES

DEAR EDITOR: I enjoy everything in the JOURNAL so much, particularly the articles on the private duty nurse and the various diseases. I would like to hear the different views of nurses in regard to long cases.

R. A. M.

A NURSE'S DUTY

DEAR EDITOR: Just a few words on the much-talked-of duty of the private nurse. After twenty years' work in private families and institutions, I still feel that a nurse should be willing to do anything necessary for the recovery of her patient.

I was glad to see A. L.'s letter in the June JOURNAL and would like to hold her hand in mine. I am glad to know, with all the changes the years have wrought in the status of the nurse, some still see beyond the call of dollars and cents the work of the Nazarene.

F. H. P., R.N.

A LAYMAN'S OPINION

DEAR EDITOR: The inquiry in a recent number of your magazine as to how a nurse may secure reasonable time for rest and exercise stirs me deeply. I am neither a physician nor a nurse, but I have had an opportunity of observing the work of the professional nurse and my indignation is aroused by the manner in which the women engaged in this most beneficent profession are allowed, indeed compelled, to render constant duty in the sickroom from twenty to twenty-four hours in the day, often amid sickening sights and odors, sometimes in freezing temperatures, with only fragmentary snatches of sleep and generally in utter disregard of comfort, health, or life.

My interest in the matter has led me to diagnose the case. I have analyzed the situation and my analysis has led me to lay the blame, primarily, not at the door of the patient's family, but at the door of the physician in attendance. As your correspondent observes, the members of the patient's family are ignorant. In the average household little or nothing is known about illness and no thought is given to the matter until the illness comes. Then all interest is centered upon the patient; his friends are distracted by anxiety; his welfare is uppermost in every mind, and the nurse is thought of solely as a means of bringing about a recovery. Her comfort and welfare are overlooked

and I think that such oversight on the part of the patient's family is often pardonable under the circumstances.

But what of the physician? He is not unfamiliar with illness; he is not excited or overcome with sympathy, and he is not ignorant of the fact that his faithful co-worker needs recreation, exercise, and sleep. He is the person first summoned in case of illness and the person to whom everyone looks for directions. He assumes the position of pilot of the expedition; he directs the work of the sick-room; he probably summoned the nurse, and he demands that the patient, nurse, and family take his word as final. Why does he not exert a small amount of his authority in securing justice to his co-worker? Why does he not tell the family that eight hours of undisturbed sleep and four hours of outdoor exercise daily are just as necessary to a nurse as to any other human being? And, if the family intentionally impose on the nurse, why does he not insist upon her having proper conditions of work in the same way that he insists upon having his prescriptions followed?

I cannot understand the indifference of physicians to the conditions imposed on nurses. I have in mind a case where a nurse had been on duty day and night for several days with a patient critically ill with typhoid fever. One evening the patient became worse and death was imminent. The physician, upon being summoned, coolly prescribed half hourly treatment during the night and returned to his comfortable bed, leaving a devoted woman, already exhausted, to shoulder the terrible responsibility and to maintain a midnight vigil alone with the dying patient. I think less of that physician for not remaining on duty himself, but in any event, a direction to the family would have secured relief by the attendance of another nurse during the night. In another case a physician prescribed the cold air treatment for pneumonia and the nurse, because no separate room for her use was provided, was compelled to remain day and night in midwinter in the freezing temperature of the sick-room until she contracted illness herself. If the physician had ordered two rooms, the patient's family would have provided them, but they apparently did not realize that the nurse was suffering and, undoubtedly, simply thought that she was used to the cold.

When a man and a woman are working together, it would seem that every instinct of a man's nature would lead him to protect his fellow worker, to see that her tasks were lightened, and that her health and comfort were safeguarded. The physician knows better than anyone else how injurious to health the conditions are under which nurses are constantly working and he has the power to remedy them. Why does not he do it? I leave the question for the gentlemen of the medical profession to answer. H.

CARE OF MALE PATIENTS

I.

DEAR EDITOR: Perhaps the discussion on this subject has gone far enough—if not, I should like to quote a statement made during the conference of nurses in London in 1899. Replying to a lady in the audience who protested that she could never allow a daughter of hers to run the moral risks that might be incurred in nursing soldiers on the field of battle, Mrs. Bedford Fenwick rose and said, "In nursing there is no sex"—and I have thought ever since,